

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT ▼**Example: If typing, type
over the lines

CHIP FLANEGAN FOR CONGRESS

ADDRESS (number and street)
▼

7979 JONESBORO RD

☐Check if different
than previously
reported. (ACC)

JONESBORO

GA

30236

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00483362

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

GA

13

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☒

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(c) 30-Day **POST**-Election Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2010

through

09

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mrs. Maria Flanagan

Signature of Treasurer

Electronically Filed by Mrs. Maria Flanagan

Date

10

18

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)